

# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

Vol. XLIX.

WEDNESDAY, SEPTEMBER 28, 1853.

No. 9.

## EARLY HISTORY OF THE MEDICAL PROFESSION IN NORFOLK CO.

[Continued from page 156.]

### BRAINTREE.

THE present town of Braintree was originally the middle precinct of the old town of the same name. Although incorporated in 1707, it had no resident physician until 1779.

Dr. Daniel Fogg, a native of New Hampshire, and a medical pupil of Dr. Thomas Kittredge of Andover, in that year took up his residence in Braintree. He was a worthy man and a good physician. Having been reserved in his manners, and for many years exceedingly deaf, his business was very much confined to the vicinity in which he lived. He died suddenly, in 1830, of disease of the heart, while walking in his garden, aged 71.

Dr. Ebenezer Thayer, a native of Braintree, settled at the Iron-works near Weymouth in 1800, but within five years died of fever, at the age of 30.

Dr. Joseph Bossuet resided for a time in the same neighborhood. He was a French physician, well educated, and had for a time resided in the West Indies. He had a good reputation as a surgeon. His lack of self-control prevented him from acquiring in this country an extended business. He performed in Braintree one operation, which gave him some notoriety, having removed from the urinary bladder a calculus of considerable size, and with it the remains of an extra-uterine fœtus. The patient recovered and survived many years, and before her death presented the carefully-preserved bones and other remains to Dr. H. I. Bowditch, of Boston, and through him to the Boston Society for Medical Improvement.

Dr. Jonathan Wild is a native of Braintree; graduated at Harvard College in 1804; was a medical pupil of Dr. Ebenezer Alden, of Randolph, and resided there a few years after the death of his instructor. In 1813, however, he returned to his native town, and has been the principal physician there for the last thirty years.

### RANDOLPH.

Dr. Moses Baker, a friend and probably fellow pupil of Dr. Benjamin Church, of Boston, settled in the "New South Precinct of Braintree,"

now Randolph, about the year 1755, and had a good share of business in that and the neighboring parishes until his death, which occurred December 10, 1781.

Dr. Ephraim Wales was the second physician in Randolph. He graduated at Harvard College in 1768, was a medical pupil of Dr. Amos Putnam of Danvers, and settled in this his native parish as early as 1770. He was well educated, was the instructor of numerous pupils, and had a large circle of practice. His youngest son, bearing the same name, after his father's death, which occurred April 7, 1805, at the age of 59, pursued his profession, and is still a resident on the site of the old family mansion.

Dr. Ebenezer Alden, a descendant of the Pilgrim John Alden who came to Plymouth in the May Flower in 1620, was a native of Stafford, Ct., where he was born July 4, 1755. Having completed his medical education in his native State, he was invited to settle in Randolph on the death of Dr. Baker; and from 1781 to the time of his own death, which occurred October 16, 1806, he sustained there and in the neighboring towns an unblemished reputation, and received his full share of medical patronage. His pastor, Rev. Jonathan Strong, in a tribute to his memory after his decease, thus speaks of him.—“The duties of his profession he discharged with reputation to himself, and with great usefulness to his employers. His circle of business, although small at first, gradually increased until it became very extensive. As a physician he was remarkably attentive, prudent, and successful. During the latter part of his life, his advice was sought and much respected by his brethren of the faculty in his vicinity. No physician in this part of the country possessed the love and confidence of his patients to a higher degree. This was evident from the universal sorrow occasioned among them by his death.”

Dr. Jonathan Wales, a medical pupil of Drs. E. Wales and N. Miller, was a native of Randolph, and a physician there for forty years preceding his death, which occurred in 1813, at the age of 65. He was ardently devoted to his profession, and actively engaged in its duties; was much employed in town affairs and in the concerns of the religious society of which he was a member. He obtained the confidence of his patients in an eminent degree, and was often called on in surgical as well as in medical cases. In 1824 he received the degree of A.M. at Middlebury College, and that of M.D. at Waterville in 1832. His son, Dr. B. L. Wales, who graduated at Middlebury College in 1824, and M.D. at Harvard in 1828, was afterwards associated in business with his father while he lived, but since his death has relinquished medical pursuits for more congenial and lucrative employments.

Dr. Ebenezer Alden, son of the former physician in this town of the same name, graduated at Harvard College in 1808; was a medical pupil of Dr. Nathan Smith, at Hanover, N. H., where he received the degree of M.B. in 1811. He was afterwards for some months a resident in Philadelphia, in attendance upon medical lectures and practice in that city, where he received, in 1812, the degree of M.D. from the University of Pennsylvania; since which period he has resided at Randolph.

Other physicians, who have commenced business there more recently, are now resident in that town, enjoying a well-earned patronage.

#### DORCHESTER.

Dorchester, which was settled in 1631, originally embraced within its limits not only the present town of that name, but also Milton, Canton, Stoughton, Sharon and Foxborough. Johnson, in his "Wonder-working Providence," thus quaintly describes it. "The forme of this Towne is almost like a serpent, turning her head to the northward over against Tompson's Island and the Castle; her body and wings being chiefly built on are filled somewhat thick of houses, only that one of her wings is clipt; her tayle being of such large extent that she can hardly draw it after her."—*Wonder-working Providence*, 1st Ed., 4to, p. 41.

I find no account of any resident physician in Dorchester at a very early period. Much sickness prevailed there, as well as at Salem and Charlestown, in 1630 and the two following years. Dr. Samuel Fuller of Plymouth, writing to Gov. Bradford, June 28, 1630, says—"I have been to Mattapan at the request of Mr. Warham, and let some twenty of these people blood."—(*History of Dorchester*, p. 22.) This sickness was probably similar to that which prevailed in Plymouth, of which Morton says—"it was a kind of pestilential fever," of which upwards of twenty persons died in Plymouth; and that it was also very fatal to the Indians in the vicinity. At the same time the Indians near Charlestown were severely afflicted with smallpox, Mr. Maverick having buried above thirty of them at Winnesimmet in one day, as Winthrop assures us.

Dr. Elijah Danforth was one of the earliest physicians in Dorchester, and had his residence near the old burying ground. Dr. Harris supposes that he resided for a time at Castle Island. It is probable that at one period he was at Roxbury also; for Dr. Boylston, in his "Account of the Smallpox inoculated in New England" (p. 31), says that on the 8th of December, 1721, he inoculated at Roxbury among others Dr. Elijah Danforth, aged 35; and that the doctor, in consequence of the cold weather, had a tumor in the axilla which came at suppuration. He graduated at Harvard College in 1703, and died in Dorchester in 1736, at the age of 50, leaving a real estate of the value of £2000, besides a handsome personal estate.

Dr. William Holden commenced business in Dorchester soon after the death of Dr. Danforth. There is reason to suppose that he was previously at Bridgewater; a Dr. William Holden having buried a daughter Hannah there in 1738, and removed soon after. He was a native of Cambridge, born 4th March, 1713, and died March 30, 1776, aged 63.

Dr. Phineas Holden, son of Dr. William, was born January 31, 1744. He studied medicine with his father, and continued in the practice of it at Dorchester until his death in 1819.

Dr. James Baker, who was born Sept 5, 1739, and graduated at Harvard College in 1760, studied divinity and was for some time a preacher. He then studied medicine, and practised a few years until about 1780, when he relinquished the profession for other pursuits.

Dr. Joseph Gardner died in Dorchester in 1809, aged 28.

Eleazer Clapp, M.D., who graduated at Harvard College in 1807, was a pupil of Dr. J. Warren. He opened an office in Boston, and commenced the duties of his profession with fair prospects of success. But he soon became melancholy, and having a predisposition to insanity, returned to his native town, where in a fit of mental depression he committed suicide, Aug. 27, 1817, at the age of 31. His mother, filled with grief at the occurrence, followed him five days afterwards by the same means.

Dr. Thomas Danforth, son of the celebrated Dr. Samuel Danforth of Boston, received a good education, but having wealthy relatives was not specially devoted to the interests of his profession. For about two years he had his residence in Dorchester; not with a view of engaging in medical pursuits, however, although he was sometimes requested to prescribe for his neighbors. "Having taken a sudden cold, which produced excitement of the brain," he rose from his bed on the night of July 13, 1817, procured a light, and, placing himself before a looking-glass, deliberately opened the carotid artery; when he threw himself again upon the bed, and soon expired. His death may have been the exciting cause of that of Dr. Clapp, which occurred the following month.

Dr. Samuel Mulliken was a native of Lexington. He graduated at Harvard College in 1819, and settled as a physician in Dorchester. For some time his circle of practice was quite limited. But at length, removing to the south part of the town, he acquired business and a good reputation, which he retained until his death, which occurred Feb. 20, 1843, at the age of 52. The immediate occasion of his death was the introduction of virus into his system through a slight wound received in dissecting a gangrenous subject.

Dr. Robert Thaxter was a native of Hingham, where he was born October 21, 1776. He graduated at Harvard College in 1798. Having studied medicine with his father, Dr. Thomas Thaxter, he was for a time associated with him in business at Hingham. In 1809 he settled at Dorchester, and from that period until his death, which occurred from "ship fever" Feb. 9, 1852, he enjoyed a wide circle of medical and surgical practice, and an enviable reputation as a physician and citizen. For more than thirty years he was not detained from his business a single day by sickness, nor did he spend a night out of town during the same period, except on professional duty. He was a man of noble, self-sacrificing spirit. It was only necessary for him to know that his services were needed. He inquired not whether the sufferer was a native citizen or a foreigner; whether he had ability to make any pecuniary compensation, or otherwise; whether his malady was mild or malignant. At the first summons, by night or by day, he hastened to his relief. Although his own life might be the forfeit, he deserted not his post in the hour of danger. "His profession *was his life*," says his pastor, Rev. Dr. Hall, in a highly appropriate tribute to his memory, on the Sabbath succeeding his death. He adds, "May it not have been kindly ordered—kindly for him—that the mortal arrow by which he fell should have been received in the conscientious discharge of its functions." "His last sickness was contracted by faithful attendance on the family of a poor emigrant."



## MILTON.

Milton was incorporated in 1662. Rev. Peter Thacher, its first minister and physician, was born in 1651, graduated at Harvard College in 1671, and died Dec. 17, 1727, aged 77. He was the son of Rev. Thomas Thacher of Weymouth and Boston. Soon after his graduation he went to England, where he remained several years. Like his father, he was well skilled in medicine as well as in theology; and he expended no inconsiderable portion of his annual salary in providing medicines for the indigent and sick. He acquired such a knowledge of the Indian language, as enabled him, in their own tongue, to preach to the natives, who were numerous in his vicinity; and at the same time he was accustomed to prescribe for their physical maladies. Cotton Mather (*Mag. i.*, 428, 2d ed.) says—"It is well known that, until two hundred years ago, physic in England was no profession distinct from divinity"; and elsewhere he adds—"Ever since the days of Luke the Evangelist, skill in physic has been frequently professed and practised by persons whose most declared business was the study of divinity. But I suppose that the greatest frequency of this angelical conjunction has been seen in these parts of America, where they are mostly the poor to whom the gospel is preached by pastors whose compassion to them in their poverty invites them to supply the want of abler physicians." "Such a universally serviceable pastor was our Thacher." This was indeed a tribute of the learned author to the father, but equally applicable to the son and to many other worthy pioneer ministers of New England. It was neither want of success in their appropriate calling; nor a desire for the emoluments of a double office; nor an overweening self-esteem; nor any other unworthy motive, which led these early ministers to add to their theological stores some knowledge of medicine. It was rather a desire to administer to the necessities and alleviate the pains of those who from poverty and distance were unable to avail themselves of more efficient aid. The professions of theology and medicine are natural allies. Those who practise them can and should be mutual helpers; and when ministers so forget the dignity of their calling as to be carried away by the newest and most popular medical delusion, to the neglect of the well-informed and regularly-educated physicians of their own parishes, they act as unwisely as the physician who adopts the vagaries of the wildest theological fanatic, as a substitute for the teachings of the sober and well-instructed ministers of religion.

After the death of Rev. Mr. Thacher, the medical business of the town was divided for nearly half a century among physicians in the vicinity.

Dr. Samuel Gardner, son of Rev. John Gardner of Stow, graduated at Harvard College in 1746, and settled on Milton Hill as early as 1753. On the 22d May, 1766, he married Mary, daughter of Rev. Dr. William Cooper, and grand-daughter of William Foye, a gentleman of standing and fortune in Milton. He was considered a respectable physician, and, it is supposed, died in 1777.

Dr. Enos Sumner was born in 1746, and was in business as a physi-

cian in the central part of Milton from about 1768 to nearly the close of his life, which terminated June 8, 1796.

Dr. Benjamin Turner, a native of Randolph, graduated at Harvard College in 1791, and after having completed his medical education had his residence in the south part of Milton and was for some years engaged in medical practice. He then removed to Framingham, and from that time until his death, which occurred in 1831, he was devoted to agricultural pursuits.

Dr. Amos Holbrook was a native of Bellingham, had his residence in Milton, at first in the village, afterwards upon Milton Hill, and was one of the most eminent medical men in the County during the whole period in which he lived. He had not the advantage of a collegiate education; but this infelicity was more than compensated by the experience he acquired in the service of his country, as an army surgeon, and by his subsequent residence for several months in France, where his time was profitably occupied "in witnessing the practice of the hospitals, and thus adding to his stores of practical knowledge." Endowed by nature with an elegant person, he added to it a courteousness of address and suavity of manners which won him favor in whatever circle he moved. He was beloved as a physician and citizen, and sustained his popularity undiminished to the close of a long life. For many years he engrossed the principal medical business of Dorchester as well as Milton. He died June 17, 1842, at the advanced age of 88.

A very just sketch of his character, by his friend and pupil Dr. Thaddeus W. Harris, was published in the Boston Courier soon after his death, and thence copied into the Boston Medical and Surgical Journal of July 13, 1842, and subsequently by Dr. Williams into his Medical Biography.

Dr. Samuel Kinsley Glover, a native of Milton, was born in 1753. He entered Harvard College, but before the time of his graduation arrived, the Revolution having broken out, instruction in the College was suspended; his classical studies were relinquished, and he soon joined the army as surgeon's mate. In that capacity and as surgeon of several armed vessels, he continued until 1778. In that year, among other duties he had charge of a smallpox hospital on Prospect Hill, where Burgoyne's troops were stationed as prisoners of war. In 1780 he relinquished military life, and settled in Milton. From that time also he discontinued the practice of medicine and surgery, except that for a time he devoted some attention to a private smallpox hospital. He received a pension from government, was called to fill several stations in public life, and died July 1, 1839, aged 86.

Dr. Thaddeus William Harris, son of the Rev. T. M. Harris, D.D., of Dorchester, graduated at Harvard College in 1815, and settled at Milton in 1820; where, and in his native town of Dorchester, he acquired the reputation of an excellent physician, as well as a distinguished naturalist. After about ten years it became necessary for him to relinquish the active duties of his profession, as too laborious for his constitution, and he was elected to, and accepted the office of Librarian to the University, a post which he has since continued to occupy, to the entire satisfaction of its guardians and the public.

Dr. Thomas Kittredge was for a few years in Milton, where he died July 27, 1845, aged 33.

Dr. Charles R. Kennedy, a native of Milton, and graduate of Harvard College in 1826, studied medicine at Randolph, and settled in his native town; but not finding the practice of his profession congenial either to his feelings or his health, he relinquished it for other pursuits. He became consumptive, and died at St. Augustine in 1836. He was an excellent citizen and much respected.

[To be continued.]

## EFFECTS OF SLEEP IN DISEASE.

[Communicated for the Boston Medical and Surgical Journal.]

I NOTICED, in a late number of this Journal, some "Remarks on the Effects of Sleep," taken from the "New York Journal of Medicine and the Collateral Sciences," which appear to me to conflict not only with the established laws of physiology, but with all past experience. The writer of that article would have us to understand that "Balmy sleep, tired nature's sweet restorer," was not only a very valuable adjunct in the restoration of the sick to health, but that it was an agent which it is always safe to trust, under all circumstances and in all conditions of disease—never betraying its fidelity to the sleeper—never overdoing in its office of restoration, and never jeopardizing the life or the good, even, of the sinking invalid whom it has bound within its benevolent embrace.

Now that sleep is very essential to the recovery of patients who have become prostrated by acute inflammatory or febrile disease, I presume every physician has had abundant opportunity to discover; but that it is always safe to allow it to have its own way, and to let it lead off in the great work which the physician is trying to accomplish—ourselves following *it*, instead of *its* being subservient to *us*, I, for one, have never yet been able to discover. The writer of the paper referred to labors hard to prove that there are a "few" practitioners who at the present day are in the habit of restricting their patients in regard to sleep! And in attestation of the fact, he relates two cases in which he was called in consultation, in both of which the patients had been restricted as above, but each of whom *he* permitted to sleep as long as they pleased, and they both got well! He also relates the case of a man who had previously been sick in Michigan, and whose medical attendant had, according to this man's story, restricted his sleeping to stated periods!

Now all this proves just nothing at all. There is no evidence but that these cases would have terminated favorably even had the opposite course been pursued. And I am frank to acknowledge to the writer of that paper, that I am still in the habit of directing that my patients (especially those whose muscular powers are very much prostrated) shall not be permitted to sleep long enough to exhaust or fatigue them; but that they shall be disturbed—turned over, or allowed some drink to moisten the mouth and fauces, and then let them indulge in "balmy sleep" again if they choose. Nor am I alone; for, in addition to the three to whom the

writer in question refers, as "still giving directions to the nurses," &c., all the physicians with whose practice it has been my fortune to become acquainted, are in the habit of doing the same thing. Indeed, I regard that as one of the most important items in the catalogue of directions to be given in cases where the patient is of a nervous temperament, and where he has become very much prostrated by febrile or acute inflammatory disease. Where is the physician who has not seen patients, recovering from a severe attack of typhus, whose nervous system was almost paralyzed—they delirious, prostrated, exhausted, fatigued, and in every way made worse by the carelessness or heedlessness of the attendant, who has slept away the dreary hours of night, while the patient has been doing the same? That a patient, whose system has become so prostrated by disease as to render him entirely helpless, can be benefited by a *three hours nap*, which is forcing the perspiration from every pore, and producing the most laborious respiration, is a result which I have never been able to obtain in practice.

Our public Journals are the mediums through which we obtain much to guide us in the practice of our profession; and if the doctrine inculcated in the paper referred to be correct, and a safe guide for us, then let us have it backed up by evidence and sound philosophy, and I will cheerfully embrace and practise it.

P. DYER, M.D.

*Leuiston Falls, Me., Sept. 20, 1853.*

#### IMPROVEMENT IN CAUTERIZING THE THROAT.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—I wish to communicate to the profession, two new modes of cauterizing the throat. The first was recently recommended to a patient affected with chronic laryngitis, by one of the oldest and most respectable of the *regular* physicians in this city. It was as follows. The patient was ordered to take a small piece of sponge and tie it to the end of a string, then dip it into water in which he had dissolved "a little lunar caustic," and then to "poke" the sponge down the throat as far as possible with his finger, and draw it out by the string!

The other mode was practised by a physician of less character and science than the first. It consisted in putting an old glove finger on one of the fingers, dipping it into "caustic water," and "swabbing" the throat with it!

When such practices as these prevail among the profession, what reason have we to complain about quackery "outside"? In both these cases, the operation of cauterizing the larynx was brought to the lowest point of degradation, and the skill of the profession to the utmost intensity of contempt, in the minds of the patients.

Whether the profession will adopt these improvements, or wait for the invention of more elegant and efficient modes, is yet a question.

*Rochester, N. Y., Sept. 21, 1853.*

M. M. RODGERS.

## TREATMENT OF YELLOW FEVER IN JAMAICA.

[JAS. PATON, Esq., Surgeon, of Kingston, Jamaica, gives, in the London Lancet of August 13, some account of the yellow fever as it has lately prevailed in that place. From the latter part of his communication we copy the following remarks on the treatment, which, it will be seen, has been attended with the same want of success there as in the southern part of our own country.]

With regard to the treatment of this dire pestilence : here the curative powers of medicine tell a pitiful tale ; all plans of treatment that ingenuity could devise were tried, with very poor success. The first I made use of was that favorite remedy for nearly all tropical fevers, and which has been so highly extolled in this—viz., large doses of calomel and quinine, commencing with twenty grains of each ; this was repeated if rejected by the stomach, and persevered with in smaller doses until sometimes a hundred grains of each had been taken. The mercurial generally acted on the bowels gently ; if not, a dose of oil was given. Strong purgatives were not admissible, as they produced rapid exhaustion. When there was tenderness over the stomach, blood was taken away by cupping, and then a blister was applied, with benefit, in relieving the symptoms. Prussic acid and soda were given to allay the vomiting, when this occurred early ; at a later stage turpentine and creosote, the latter with very good effect. Warm baths were used, and ice was continually applied to the head. A blister to the back of the neck, when symptoms indicated it. Strong stimulants were administered where there was a tendency to sink ; indeed the second class of cases require these from the first ; the best were brandy and champagne. In those cases where there was great restlessness and a want of sleep, and where the state of the brain did not contraindicate it, I have seen a full dose of Battley's solution produce an excellent effect ; the patient would get a good night's rest, and awake in the morning much revived. Those who had the third form of the disease were bled freely from the arm, with great relief at the time ; but the symptoms soon returned and baffled all skill. Indeed the treatment altogether was most unsatisfactory in its results—so much so that it led many of us to question whether medicine had any power at all over this disease. I am compelled to acknowledge that I am inclined to be sceptical on this point. I believe of those who recovered, it was more by the *vis medicatrix naturee* than by the medicines they took. I must confess I do not think the profession should be disappointed at the quinine treatment failing, for it is decidedly a *continued fever* that its powers were tried upon, and we know from experience that it has not answered in that form of disease ; it is only where it has to contend against a malarial poison that this drug shows its great value. Seeing that the mortality was so deplorable under the above treatment, I was led to try the sweating system by means of the wet sheets and the vapor bath, or, in fact, to combine hydropathy with allopathy. Under this system more recovered, although the mortality was still fearful. The skin is a powerful agent to throw off poisons from the system, and where it acted rapidly, and the diaphoresis was profuse, the cases often did well ;

but those in which the skin kept hot and dry after repeated attempts to act upon it, generally terminated fatally. The latter is the plan of treatment I have continued to adopt for some time past, but with success far, very far from what I could wish. A great deal, nay, all, has yet to be learned of this mysterious disease before we can expect to have anything like success in curing it.

The post-mortem appearances, I regret to say, do not throw much light on the pathology of the disease. One might be led to look to the stomach as the organ mostly implicated; but in some cases there was not the slightest trace of disease here; in others there was complete disorganization of the mucous coat: these two extremes are very difficult to account for. Then, again, what changes in the system does black vomit indicate, for death generally followed it? Nearly all were doomed after this symptom set in; they sank and died from hæmorrhage, for black vomit is nothing more or less than blood mixed with gastric juice. I have often seen the blood vomited quite pure, and likewise found it so in the stomach after death. The occasion of black vomit is, nature endeavoring to throw off from the system a poison, even at the expense of the powers of life; the vital powers being low, exudation goes on rapidly from the mucous membrane of the stomach and the bowels. The blood in all cases is found fluid, dark and highly carbonized, clearly showing that the poison falls heavily on the vital fluid. The liver is found firmer than natural; at the same time it is bloodless, and always of a light lemon color; the latter peculiar to the disease. The intestines are generally healthy, but full of the *peculiar* thick, tarry secretion. The vessels of the brain in some cases were congested, and effused into the ventricles; in others these were healthy. No traces of the disease were detected in other parts of the system.

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#### SINGULAR CASE OF DELIRIUM RELIEVED BY CHLOROFORM.

BY C. J. POPE, M.D., OF ALABAMA.

WHAT I propose on the present occasion is to direct attention to the internal administration of chloroform in all cases of exaltation of vital action, dependent on nervous excitability.

The effects of this remedy in the case recorded below, although a solitary one, were so marked and salutary, that my mind was brought to the conclusion that in all similar cases its effects would be no less striking.

About the first of February I was called in haste to see a lad, of about 14 years of age, who, immediately on rising from his bed, at a very early hour in the morning, and before it was entirely light, went under the dwelling of his father for the purpose of getting the eggs out of a hen's nest, in a hole of considerable depth, scratched out by the dogs. On getting into the hole, which was in depth about two thirds his entire length, the hen, which he had not supposed to be on the nest at that early hour, flew into his face, and this circumstance, together with that of his hold breaking, on attempting quickly to recover himself, so frightened him that spasms of the most violent character were the result. I saw him in

half an hour after this happened, and at once opened the temporal artery, and bled him two ounces, which, however, had no effect in controlling the spasms. In a few minutes after the blood was stopped, I gave him an injection of tinct. lobelia. In five minutes the violence of the spasms seemed to be slightly controlled, but returned again in ten minutes more. The lobelia was again administered with the same partial effect, which lasted about the same length of time. Foiled in all my efforts thus far to arrest the spasms even temporarily, I had recourse to many other antispasmodics, but to no effect. The spasms continued for thirty-six hours, at the end of which time they passed off, and left him in a most singular state of delirium, which lasted seven or eight days without a lucid interval.

Large doses of opium and camphor would partially quiet him for an hour or two, but the delirium invariably returned. Finally, having given up all hope of his recovery, I resolved upon the following prescription: *Aquæ camphoræ*, ℥ ij.; *tinct. valerian*, ℥ ij.; *chloroform*, ℥ j. Mixed. Of this I gave him a tablespoonful, and in five minutes I perceived indications of quietude. I waited one hour and a half, at the expiration of which time I found symptoms of returning delirium. I then gave him a second and rather larger dose. In ten minutes he was quiet, in twenty-five minutes I had the satisfaction of seeing him in a fine sleep, which lasted all night (it being then about 10 o'clock), and out of which he awoke on the following morning, entirely restored in mind, without any consciousness of what had transpired during the eight days of his illness.

His convalescence was prompt, and his recovery perfect.—*Philadelphia Medical Examiner*.

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#### OXALATE OF LIME, AND ITS RELATIONS TO CERTAIN FORMS OF NEURALGIA.

BY H. A. JOHNSON, M.D.

WE are indebted for what we know of this deposit mostly to Dr. Golding Bird. From his observations he was led to the conclusion, that oxalate of lime occurs in more than one third of the cases in connection with an excess of uric acid or urate of ammonia; that in all cases, there is an excess of urea, and that it is frequently accompanied by an excess of the phosphates. He also thinks it probable, that the uric and oxalic diatheses are both produced by the same morbid influences.

Uric acid, as existing in normal urine, is, without doubt, derived from the nitrogenized tissues of the body; but when found in excess, it may usually be traced either to ingesta, which the juices of the stomach have not power to dissolve, or to a too rapid destruction of tissues under the influence of heat, &c., as in fevers and inflammation; can oxalic acid be traced to a similar source?

Dr. G. Bird has presented a very ingenious theory for the production of this acid from urea and uric acid, but there is generally an excess of one or both of these ingredients accompanying the oxalic deposits. Should we expect this to be the case, if the abnormal product was the

result of a transformation of the urea and uric acid? It seems to me not. My own observations have been limited, but I have thought, from a careful study of quite a number of cases, that, while a temporary functional disease of the digestive organs or the introduction into the digestive tube of a large amount of food, difficult of perfect solution in the juices of the stomach, will generally give rise to uric acid deposits in the urine, chronic disease of the alimentary canal, whether functional or organic, will more generally be found to exist with the oxalic diathesis.

In quite a large number of instances in which I have observed the oxalate of lime in the urine, the patients have not only been affected with dyspepsia, but have also been subject to severe attacks of neuralgia. In the first few instances, the neuralgic pains were confined to the lower extremities, and I strongly suspected that they were produced by mechanical irritation of the vesical mucous membrane from the crystals of the oxalate with which the urine was loaded at the commencement of the attack, but which, towards the termination, were replaced by an excess of the phosphates.

I have since observed neuralgic pains in the face, superior extremities and in the chest, co-existing with oxaluria, and, after carefully studying a number of cases, it seems to me evident, that the neuralgia and the urinary deposits sustain to each other an intimate relation through a common cause, viz.: the derangement of the digestive organs.

It is perhaps probable that oxalic acid, whether produced from mal-assimilated food, as I think, or, from a metamorphosis of urea and uric acid, may exist first in combination with ammonia, as Dr. G. Bird has suggested. If so, it is possible, that it may, instead of being selected by the kidneys and combining in those organs with lime, be precipitated in the tissues. The crystals of this new salt, many of them smaller than blood globules, and presenting sharp angles and edges, may thus, by mechanical irritation, act directly upon the suffering structures, producing that intense and indescribable pain, for controlling which, anodynes and narcotics have so little power.

Permit me to allude to my own personal experience. During the last few months I have been frequently annoyed by neuralgic pains, and always after eating freely of oranges. I had never been in the habit of using this fruit until during my recent visit South, but while in Natchez and New Orleans it constituted almost my only diet. I also eat very freely of it during my return home.

It is to my mind an interesting fact, that the first neuralgic pain that I ever experienced, so far as my memory serves me, was while in Natchez. Since my return I have frequently partaken of the fruit, and almost always with the same result, pains of a neuralgic character in my face, chest, knee, dorsum of the foot, &c. These facts induced me to institute the following experiment.

At 8 o'clock, A.M., I breakfasted on beefsteak, potatoes, corn bread and two eggs. After breakfast I walked two miles. At 11, A.M., the urine passed was normal in color, specific gravity 1030. After standing there was no deposit of any kind; on a careful microscopic examination I was unable to detect a single crystal of the oxalate of lime. I then



eat four large oranges ; at 1, P.M., I dined on a small quantity of roast beef, and whortleberry and green-currant pie. At 7, P.M., the urine passed was of straw color, specific gravity 1036. After standing thirty minutes, a sediment was thrown down, consisting mainly of oxalate of lime in very large beautiful crystals. I think I never saw a specimen of urine in which it existed in greater abundance, or in which the crystals were larger. It also contained urate of ammonia and an excess of urea. I placed some of it in a watch-glass, and added strong nitric acid ; in a few moments it was almost a solid mass from the crystals of nitrate of urea. The urine passed next morning at 7 o'clock had a specific gravity of 1030, and contained an excess of urea and uric acid and epithelial scales. At 11, P.M., the urine was normal. I then eat four more large oranges, and went to bed. The urine passed at 7 o'clock the next morning was loaded with the oxalates. These two experiments, one upon the urine of food, and the other upon the urine of blood, seem to me to indicate : 1st, that oxalic acid may be produced from the ingesta ; 2d, that oranges, and probably all fruits containing citric acid, may give rise to the oxalic diathesis.—*North-Western Medical and Surgical Journal.*

CONGENITAL CONTRACTION OF THE INTESTINAL CANAL

BY S. L. ANDREWS, M.D.

IN a private letter from my friend, Dr. Baldwin, of Lahaina, Sandwich Islands, I have an interesting account of a case of congenital contraction of the intestinal canal. As Dr. B. has given me the case more in detail than is needful for your Journal, I have abridged it for your use. The child, a fine-looking, plump female, weighing 8½ lbs., was born Dec. 5th, 1838. The first indication of anything abnormal was the rejection of a little sweetened water given a few hours after birth. On the following morning castor oil was rejected with bilious vomiting. A judicious use of cathartics, including suppository and enemata, the latter sometimes administered through a gum-elastic catheter introduced several inches into the rectum, failed to produce any adequate evacuation of the bowels. Castor oil and other cathartics, and sometimes enemata, only excited vomiting, usually bilious. At length, the contents of the intestines, in a very offensive state, were thrown off by vomiting. All that was passed, per anum, was fragments of hardened meconium, shaped to the intestines, and amounting to several inches in length. The last fragment tapered to a point at its upper extremity. Death on the 13th.

Diagnosis, contraction of the intestine, which was confirmed by the autopsy.

The rectum and colon were about half the natural size, or perhaps a little more, except a portion in the middle of the arch, where it was reduced to about half the diameter of that on each side of it. The cæcum was natural, but for twelve inches above it the small intestine was small indeed, not larger than the narrowest tape, and the canal too narrow to admit anything solid ; the next six inches, proceeding towards the stomach, was very narrow, but contained a few small pieces of hardened

meconium. Eighteen inches above this was larger, but crowded with viscid meconium. The remainder of the intestine to the stomach was twice the natural size. The gall-bladder was large and full. The stomach and upper part of the intestine was filled with a liquid appearing like a mixture of bile and milk. The child had nursed until the last day.

The father of the child, an efficient and devoted missionary under the American Board, has disproportionately short limbs, both upper and lower. He is also afflicted with exostosis. A sister is afflicted in the same manner, and some of the children of both brother and sister have the same morbid state of the bones.—*Peninsular Journal of Medicine and the Collateral Sciences.*

### CREOSOTE IN DYSPEPSIA.

BY DR. WM. DAY, OF GLASGOW, IOWA.

I do not know as I am advancing anything new to the profession, or that any physician will agree with me in the following opinions; but I am led to communicate my ideas on this matter, inasmuch as they are new to many. I find that creosote is considered by the Dispensatory, as "irritant, narcotic, styptic, antiseptic, and moderately escharotic," to which I would add, in small quantities tonic.

I was led to try its results from an article in Braithwaite's *Retrospect*, No. 23, copied in your *Journal* of July, 1851, on the use of Creosote in Diarrhœa, which I have tried in cases of chronic diarrhœa, with inflamed stomach and bowels, and found to act extremely well.

I was called to see a lady who has suffered from dyspepsia for several years more or less, but since becoming pregnant her sufferings have become intolerable. She has also enlarged spleen, which has caused some trouble, but in an inferior degree to that of the symptoms of indigestion and irritation of the stomach. To such an extent did it proceed that her food would be rejected immediately, and in whatever form she could take it. I could not give her any opiates, for her bowels had lost almost all peristaltic action, and the most obstinate constipation existed.

What, then, was I to do? All medicine was rejected as soon as given. I now cast about to see what could be done for her relief. The article before alluded to came to my mind, and I thought that if this article is good to allay inflammatory action in one case, why not in another. I made a solution of it in a mixture of Hoffman's Anodyne, 3 ij.; spts. nit. dulc., 3 iv.; creosote, minimis iij.; of this mixture I directed half a teaspoonful to be given every four hours, and I found on my next visit very visible amendment in the symptoms. I followed it up for several days, directing stimulating enemata to be used for the purpose of producing moderate evacuation of the bowels. I am happy to be able to say, that the result was as favorable as could be expected or desired under the circumstances.

In this case I consider the operation of the medicine to have been twofold, viz., antiseptic and tonic. There was unmistakeable evidence of a

severe inflammatory condition of the stomach as exhibited by constant emesis of every article taken into it, as well as by the tenderness on pressure. This was soothed by the medicine to a reasonable degree, and brought to a condition within the bounds of normal action. It was impossible to use a blister to produce counter-irritation, for the condition of the urinary organs showed too great a susceptibility to the use of any cantharidine appliances. Under the circumstances I was driven to seek for a new agent, and I believe I found it in creosote; and I hope that the effects in this case may lead others to test still further its therapeutic powers, in similar cases.—*West. Med.-Chir. Journal.*

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, SEPTEMBER 28, 1853.

*Female Education.*—Every traveller from abroad, who comments upon American manners, customs, &c., speaks of the care-worn expression in the countenances of the people. A hurried way of doing and saying things, especially in New England, is a subject often presented to us through the writings of strangers. The females, we are told, are thin, sharp-featured, their muscular systems being imperfectly developed—and prone to headaches and pulmonary consumption. Of course there are many exceptions to this sweeping observation; yet physicians know very well, in regard to the women of the Northern States, that Mr. Combe was right when he stated, at a public lecture in Boston, that the education of females among us is destructive to their health and happiness. Every effort in the school room is to cultivate their minds at the expense of their bodies. They consequently have a sickly life, if perchance it is not cut off in early girlhood; they make poor mothers, are unable to nurse their children in many instances, with a tendency to some of the most distressing complaints, and disease is propagated to their children. Much of this arises from the popular mistake that young misses must study algebra, chemistry, scientific botany, Latin, and perhaps Greek and Hebrew, by the time they are fifteen, in order to become ladies. They have no frolicking girlhood—because it is plebeian to romp out of doors with freedom, as nature intended in order to strengthen and perfect their delicate organization. A knowledge of domestic economy is decidedly vulgar, and belongs to poor kitchen girls, whose red cheeks, round arms, splendid busts and fine health are perfectly contemptible. There is a kind of imagined gentility in always being under the care of a doctor, and jaunting through the country in pursuit of air, water, or expensive medical advice. Physicians deplore this wretched system, without being able to awaken the public sentiment to its destructive character. Teachers also are aware of it, and exert themselves at times to counteract the evils which their every-day lessons exert on the frail, delicate pupils under their charge; but, alas, the poison and antidote are taken at once, and they exhibit the effects of their bad treatment, aided by silk hose in January, thin shoes, the impure atmosphere of crowded rooms and the cold night air. Parents are the persons to blame, and not the instructors of their children. Young girls are put to school too early with us, and worked too hard and too long

at their studies. More active play and fewer books, pudding-making in the place of algebraical equations, with a free exercise of their feet, which were actually designed for walking, would produce a race of women in our midst, such as cannot now be found, in regard to figure, capacity and beauty. What father has the moral courage to set the example, by allowing his daughters to become the angelic creatures they were designed to be, buoyant with spirit, vigor and health, fit companions of man, and the glory of an advanced civilization? Let them gambol in the open air, and, when within doors, act out the governing instincts of their nature in manufacturing rag babies, till by means of bodily health and vigor, a foundation is laid for intellectual pursuits, and then, and not before, may they with safety begin to be exercised in abstract, educational studies.

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*Restoration of Vision.*—On a former occasion, notice was taken of exhausting cups on sale, for improving vision which has been impaired by age. Having cautioned those of the medical profession who had not seen them, against committing themselves by being duped into the belief that they may be serviceable, the subject would not have been revived, were it not certain that efforts are now being made, by interested persons, to induce people to buy a very ingenious, but at the same time dangerous instrument. Free lectures are advertised, on purpose to create a demand for these eye cups. The lecturer explains the principles of vision; his bowels yearn for the afflicted, especially those having a waning eye-sight. He portrays the greatness of the affliction, thunders his anathemas against spectacles, and warms the imagination with a prospect of instantaneous restoration to the distinct vision of youth, by the simple application of two miniature air pumps to their dim optics—and closes by opening a bazaar for the sale of his wares. This is the short of the story. Many a bad eye, we fear, will be worse than before, if subjected to the action of the Connecticut eye cups. The manufacture of wooden nutmegs, white oak cucumber seeds, or even India rubber warming pans, may be put up with, as they have no bearing on the health or physical ability of individuals; but these cups, if not held up in their true light, may hereafter be referred to as a public calamity. An eye, artificially convexed one day, and flattened by the relaxation of its own tissues the next, will be likely soon to fail. Therefore beware of the travelling lecturers, who are cruising over the country, advertising for agents to extend the cup mania, and reaping an income from the sale of not only worthless, but positively injurious articles.

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*Syringes.*—An improvement is represented to be nearly ready, in the beautiful instrument by Dr. Mattson, now in general use. One of the excellences of his syringe, which gives it a preference over every contrivance of the kind, is the perfectibility of the piston. The Mattson syringes are sure to work, not being liable to get out of order, however long they may have remained in the case; while the common wooden-handled articles, require perpetual re-packings with tow, after being a short time in service. We do not know precisely the nature of the improvement made by Dr. Mattson, but a week or two will place it at the disposal of practitioners.

A singularly shapen thing, known hereabout as the India-rubber eye syringe, is on sale by Mr. Spalding, druggist, 22 Tremont Row, Boston. A flexible globe, the size of an egg, has an ivory pipe, extremely delicate in

construction. By compressing the ball between the thumb and finger, the air is expelled, and a fluid taken up by immersing the tip of the pipe. For delicate operations, this is a very useful affair. It may be packed away in a thimble, which is another recommendation.

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*Human Heads and their Covering.*—In the lifetime of Spurzheim, and subsequently, when Mr. Combe, the learned Scotch phrenologist, was in this country, the leading conversation of the day related to the shape and magnitude of heads. A man without a head of the recognized capacity, soon lost the acquaintance of caput critics. Nothing short of a large skull, however empty, had any prospect of success. A great head is unquestionably the receptacle of more apparatus than a small one. Still, admitting the proverb to be true, that a "big head has little wit, and a little head not a bit," it becomes a puzzling consideration at times to determine which of the two is best for an ordinary individual. Our national fashion of wearing stiff, hard hats, is unfavorable to a noble cerebral development. While cloth, canvass and fur caps yield to the pressure of outward growth, hats, on the contrary, act as hoops, interfering with that degree of lateral expansion necessary in the economy of nature, who, in her steady purpose to finish a man, in common parlance, fit for market, is thus interrupted. In Germany, caps are predominant; and where the hat is substituted with them, it is usually soft and pliable as a turban. Germans have enormous heads, with corresponding powers. They excel in all departments of knowledge; and in music, poetry and the fine arts, who are their superiors? School-boys require a head-covering that has reference to the daily enlargement of the cranium. At least, we should give it a chance to grow, and on no consideration interfere with its expansion. Parents should look to this matter. It would be lamentable to lose, for the want of a woollen cap, any talent existing in embryo, that with it might have ripened into a philosopher, a general, or something else equally elevated! Proceeding upon the current doctrine of the phrenologists, we may cultivate human heads—diminishing or enlarging them, according to the varying fashions of the day. But to be serious, our heavy hats ought not to be worn by any one. They are the most awkward and uncomfortable coverings the arbitrary laws of society ever countenanced. Turks and Arabs are sensible people, in respect to covering the head. A turban is superior to every other device. In health or sickness, it is a luxury. Had those Mahommedan bigots, with their well-developed heads, been placed under proper mental discipline, and taught like Christians, they would have been surprisingly intellectual, and have demonstrated, among the best specimens of Asiatic blood, that a great head indicates great mental capacity.

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*Intemperance and the Yellow Fever.*—The following statements are of a startling nature—but they come to us in a letter from one of the first physicians in New Orleans. It is to be hoped that the observations of other medical men in regard to this point may be made known, and that the writer referred to will enter hereafter more fully into this important matter. He says—

"The epidemic came down like a storm upon this devoted city, with 1127 dram-shops in one of the four divisions in which it has been divided. It is not the citizens proper, but the foreigners, with mistaken notions about the climate and country, who are the chief supporters of these haunts of intemperance. About five thousand of them died before the epidemic touched a single citizen or sober man, as far as I can get the facts."

*Physiological Enthusiasm.*—Dr. Marshall Hall, now in Boston, is intending to proceed to New Orleans, for the express purpose of witnessing the surprising experiments of Drs. Cartwright and Dowler, on alligators. It is easier to go to the region where these monsters abound, than to transport them to scientific inquirers at a distance. A verification by Dr. Hall of the discoveries made by those bold experimenters, will give additional interest to the subject. Physiology opens a great field for contemplation. Vast as have been the acquisitions of medical scholars, the nervous system still invites further explorations, since the problem of life continues to elude their grasp. Who can demonstrate what it is? If the great reptiles of the Mississippi are to be the instrumentalities for bringing to light the hidden secret, under the knives of our learned friends, it will be a proud circumstance for our age and country.

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*Medical Companion and Temperance Advocate.*—At Yazoo City, Mississippi, a monthly periodical is published with the above title. It may be considered a worthy "medical companion" by those who have never seen anything superior. Its object is reformation; but in medicine, so far as its own pages are concerned, instead of reforming, it would carry us back to the dark ages. The following propositions, copied from its pages, are the best illustration of the views, policy and scope of this periodical.

"*Lobelia* is the most efficient remedy for fever and inflammations known. It acts specifically on the lungs, liver and skin, and promotes the general secretions. *Cayenne* is a pure stimulant—good in requisite doses, to raise the energies of the system when below a healthy standard. *Wintergreen* is a remedy for a continued flow of urine. The bark of the root of the wandering milkweed, tinctured in gin, is an excellent remedy in dropsy. Hot drops applied to recent wounds twenty-four hours, prevent inflammation and soreness."

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*Bellingham on Diseases of the Heart.*—Part I. of this important treatise was received from Dublin last week. It is a work to be desired. As soon as the remainder of the learned author's labors reach us, a definite notice will appear. Of its value, however, to practitioners, we are prepared now to bear witness.

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*Removal of Rings from Fingers.*—Dr. Newnham, after alluding in the London Lancet to Dr. Castle's mode of removing a gold ring from a swollen finger, as described in this Journal some weeks since, gives his own experience as follows:—

"The usual plan, I believe, is to divide the ring with nippers; but when the finger is too much swollen to allow of this, there is another plan, equally simple, and less alarming to the patient—i. e., take a piece of common twine, well soaped, and wind it closely (and as tightly as can well be borne) from the apex of the finger till you reach the ring; then with the head of the needle or probe force the end of the twine through the ring and unwind; the ring will invariably come off with the twine.

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*The Cholera.*—The Dutch Government have just received the official notification from the Dutch Minister Plenipotentiary at Stockholm, that the Swedish Government have declared that the cholera prevails in Abo, Elsi-

nore, St. Petersburg, Cronstadt, Narrva, Reval, Riga and Copenhagen; and that the following places and territories are "suspected to be infected:"—All the the Finnian harbors from Christianstadt inclusive to the Russian frontiers; all the Russian ports of the Gulf of Finland and the Baltic, and the ports of Zealand. In consequence of the alarming progress of the cholera at Copenhagen and the environs, commissions have been formed in different towns of Jutland and Schleswig for causing hygienic measures to be adopted. The military authorities of Flensburg have directed the soldiers to observe the greatest cleanliness in the barrack and guard-houses, and have ordered that on hot days they shall neither be exercised nor employed in heavy work.—A letter dated Copenhagen, July 29th, says, "Since the day before yesterday the cholera has made considerable progress; 346 new cases, and 184 deaths have occurred in one day. The total number of cases now amounts to 4759, and the deaths to 2508. Among the victims are nine physicians, one of whom, Dr. Witthusen, formed a part of the medical establishment of the King's household; our celebrated painter, M. d'Eckenberg; Baron de Holstein, intendant of the Theatre Royal of Copenhagen; and M. Douce, a lieutenant in the navy." The St. Petersburg Journal states that cholera is at present raging in the governments of Kiew and Tolyw, and that it has also burst out in the great commercial town of Beryczew.—*London Lancet*.

**Army Medical Board.**—By direction of the Secretary of War, a Medical Board for the examination of Assistant Surgeons for promotion, and of applicants for appointment in the Medical Staff of the Army, will assemble in New York on the 1st of December, 1853, or as soon thereafter as practicable. The members of the Board are detailed as follows: Surgeon C. A. FINLEY, Surgeon R. C. WOOD, Surgeon JOHN M. CUYLER, Assistant Surgeon JOSIAH SIMPSON as junior member and recorder.—*N. Y. Daily Times*.

**Medical Miscellany.**—The late Dexter Marsh's museum at Greenfield, alluded to in this Journal some time since, consisting of a collection of animal footprints in layers of red sandstone, &c., has been sold, and the pieces brought more than they were appraised at. The whole collection will be divided between Amherst and Boston.—The death of a young woman was lately occasioned in New York, by an explosion caused by holding a light too near some extract of orange which was being poured from one can into another.—An edifice is to be soon erected in the neighborhood of New York City, by the New York Institution for the Deaf and Dumb. An estate has been purchased for \$115,000, and the work of improvement upon it is now going on.—The yellow fever is fast abating at New Orleans, but continues at Mobile—14 deaths by it taking place in the latter city on Thursday last.

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**MARRIED.**—In Groton, 12th inst., Dr. Norman Smith to Miss Sarah Y. Frost, both of Groton.

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**Deaths in Boston** for the week ending Saturday noon, Sept. 24th, 112. Males, 53;—6 males, 59. Abscess, 1—accidents, 3— inflammation of the bowels, 7—disease of the bowels, 2— inflammation of the brain, 2—disease of the brain, 4—congestion of the brain, 3—consumption, 12—convulsions, 4—cholera infantum, 4—croup, 2—cancer, 1—dysentery, 10—dropsy, 1—dropsy in the head, 1—drowned, 1—debility, 2—infantile diseases, 4—puerperal, 2—typhus fever, 3—typhoid fever, 3—hooping cough, 1— inflammation of the lungs, 4—marasmus, 6—measles, 2—old age, 3—pleurisy, 1—palsy, 2—rheumatism, 1—disease of the spine, 1—teething, 13—thrush, 3—tumor, 1—unknown, 2.

Under 5 years, 55—between 5 and 20 years, 15—between 20 and 40 years, 26—between 40 and 60 years, 10—above 60 years, 6. Born in the United States, 89—Ireland, 17—Sweden, 3—British Provinces, 2—Scotland, 1—Germany, 1. The above includes 10 deaths at the City Institutions.

**MASSACHUSETTS MEDICAL COLLEGE.**—The annual course of Medical Lectures of Harvard University will commence at the Massachusetts Medical College in Grove street, Boston, on Wednesday, the second day of November, 1883. Introductory lectures by Walter Channing, M.D. The regular course will be as follows:

Obstetrics and Medical Jurisprudence, by **WALTER CHANNING, M.D.**  
 Clinical Medicine and Materia Medica, by **JACOB BIGLOW, M.D.**  
 Theory and Practice of Medicine, by **JOHN WARE, M.D.** and **MORRILL WYMAN, M.D.**  
 Pathological Anatomy, by **JOHN B. S. JACKSON, M.D.**  
 Anatomy and Physiology, by **OLIVER W. HOLMES, M.D.**  
 Principles and Operations of Surgery, by **HENRY J. BIGLOW, M.D.**  
 Chemistry, by **Professor J. P. COOKE.**

Arrangements are carried out for uniting with theoretical teaching such practical advantages as are needed by Students of Medicine. Clinical lectures are delivered at the Massachusetts General Hospital three times a week, by the Professors of Clinical Medicine and of Surgery. Surgical operations are very numerous, performed weekly in the presence of the class in the operating theatre.

Practical Anatomy is provided for by the most liberal arrangements. The Anatomical Museum is one of the latest and richest in the United States. A splendid collection of paintings is used to illustrate the surgical department. The chemical laboratory has been lately refitted, and the apparatus is extensive and new.

The Eye and Ear Infirmary and other charities are open to students.

Fees for the whole course, \$80. Matriculation, \$1. Dissecting Ticket, \$3. Graduation, \$30. Hospital and Library contributions. \$14—1N

**PENNSYLVANIA COLLEGE, MEDICAL DEPARTMENT.**—North below Locust street, Philadelphia. The Faculty is constituted as follows:

**WILLIAM DABRUCH, M.D.,** Prof. of the Theory and Practice of Medicine.  
**JOHN WILBANK, M.D.,** Prof. of Obstetrics and Diseases of Women and Children.  
**HENRY S. PATTERSON, M.D.,** Prof. of Materia Medica and Therapeutics.  
**DAVID GILBERT, M.D.,** Prof. of the Principles and Practice of Surgery.  
**JOHN J. REESE, M.D.,** Prof. of Medical Chemistry and Pharmacy.  
**J. M. ALLEN, M.D.,** Prof. of Anatomy.  
**FRANCIS GURNEY SMITH, M.D.,** Prof. of the Institutes of Medicine.

**WILLIAM H. GORRECHT, M.D.,** Demonstrator of Anatomy.

The Lectures for the Session of 1883-4 will commence on Monday, the 10th of October, and continue until the ensuing 1st of March.

The Anatomical Rooms will be opened early in September, under the direction of the Professor of Anatomy and Demonstrator.

Clinical Instruction at the College, and at the Pennsylvania Hospital in the immediate vicinity.

Fees.—Matriculation, \$3; to each Professor, \$15; Graduation, \$20.

For further information, apply to **D. GILBERT, M.D., Registrar,** July 6—cop30. No. 181 N. Ninth st. Phila

**DR. MATTON'S NEWLY INVENTED FEMALE SYRINGE** may be used without an assistant; and by a variation of the terminal tubes, is adapted for injecting the bowels of an infant, or adult, or for any of the purposes of a "FEMALE SYRINGE." Each instrument is accompanied with a MANUAL OF DIRECTIONS, &c., containing 1st pages, and a number of appropriate illustrations. SILVER PLATED INSTRUMENTS, suited to nitrate of silver solutions, &c., furnished to order. Dr. JOHN C. WARREN, of Boston, in a letter to its mode of action, the pure fresh oil from the liver of the cod is more beneficial in the treatment of pulmonary consumption, than any other agent, medicinal, dietetic, or regiminal, that has yet been employed. June 18-1f

For sale, WHOLESALE and RETAIL, by Mark Worthley, 185 Washington street, Boston, who is appointed General Agent for New England.

Dec. 1—cop1r

## BOYLSTON MEDICAL PRIZE QUESTIONS.

—The Boylston Medical Committee, appointed by the President and Fellows of Harvard University, consists of the following Physicians:

**JOHN C. WARREN, M.D.,** J. B. S. JACKSON, M.D.  
**W. CHANNING, M.D.,** D. H. STORER, M.D.  
**EDW. REYNOLDS, M.D.,** J. M. WARREN, M.D.  
**JOHN JEFFRIES, M.D.,** CHAS. C. PUTNAM, M.D.  
**SOLOMON D. TOWNSEND, M.D.**

At the annual meeting of the Committee, Aug. 3, 1884, no premium was awarded on either of the two subjects offered.

### THE QUESTIONS FOR 1884 ARE

1. On the constitutional treatment of Syphilis.  
 2. On the now malignant diseases of the Uterus. Dissertations on these subjects must be transmitted, post paid, to JOHN C. WARREN, M.D., on or before the First Wednesday of April, 1884.

The following subject is offered for the year 1885: "On the Diagnosis of the Diseases of the Urinary Organs."

Dissertations on this subject must be transmitted as above on or before the First Wednesday of August, 1885.

The author of the best Dissertation, considered worthy of a premium, on either of the two subjects offered for 1884, will be entitled to a premium of Sixty Dollars, or a Gold Medal of that value, at his option.

The author of the Dissertation for which a prize is adjudged on the subject offered for 1885, will be entitled to a premium of One Hundred and Twenty Dollars, or a Gold Medal of that value, at his option.

Each Dissertation must be accompanied by a sealed packet, on which shall be written some device or sentence, and within shall be enclosed the author's name and residence. The same device or sentence is to be written on the Dissertation to which the packet is attached.

All unsuccessful Dissertations are deposited with the Secretary, from whom they may be obtained, with the sealed packet unopened, if called for within one year after they have been received.

By an order adopted in 1825, the Secretary was directed to publish annually the following votes:

1st. That the Board do not consider themselves as approving the doctrines contained in any of the Dissertations to which premiums may be adjudged.  
 2d. That in case of publication of a successful Dissertation, the author be considered as bound to print the above vote in connection therewith.

**JOHN JEFFRIES, Sec'y.**

Boston, Aug. 11, 1883.

67-61

**MASSACHUSETTS MEDICAL SOCIETY.**—A Stated Meeting of the Counsellors of the Massachusetts Medical Society will be held at the Room of the Suffolk District Medical Society, Phillips Place, opposite the Stone Chapel, Tremont street, Boston, on Wednesday, Oct. 24th, at 11 o'clock, A.M.  
**CHAS. E. WARE, Rec. Sec.**  
 Boston, Sept. 5, 1883. 67-1m

**TO THE PROFESSION.**—The Subscribers are associated for the treatment of Female Complaints. They have made arrangements for the accommodation of patients; and, to avoid interference with their other professional engagements, applications will be received at their respective residences. If medical gentlemen at a distance should recommend patients, they will confer a favor by sending a statement of the disease and treatment.

**WALTER CHANNING, 21 Somerset st.**  
**D. H. STORER, 41 Summer st.**  
**C. G. PUTNAM, 41 Summer st.**  
 Boston, Dec. 4, 1882. dec.5-1f

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